
DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814



September 27, 2001

COUNTY FISCAL LETTER (CFL) NO. 01/02-31

TO: COUNTY WELFARE DIRECTORS
COUNTY FISCAL OFFICERS
COUNTY AUDITOR CONTROLLERS
COUNTY PROBATION OFFICERS

SUBJECT: FISCAL INSTRUCTIONS AND INFORMATION FOR ASSISTANCE
EXPENDITURES UNDER THE CALIFORNIA WORK OPPORTUNITY
AND RESPONSIBILITY TO KIDS (CalWORKs) AND TEMPORARY
ASSISTANCE TO NEEDY FAMILIES (TANF) BLOCK GRANT
PROGRAMS

REFERENCE: All-County Letter (ACL) Nos. 99-90, dated October 21, 1999; and 01-66, dated September 18, 2001

This letter provides assistance claiming instructions to counties for families who have reached their 60-month time limit on TANF assistance. The CalWORKs program was implemented on January 1, 1998, 13 months after the State began issuing TANF-funded assistance on December 1, 1996. Because of the difference in implementation dates, recipients who began receiving TANF prior to January 1, 1998 may receive additional months of aid under CalWORKs. In most cases, this will begin to occur December 1, 2001. However, a few recipients who received TANF aid from other states prior to December 1996 could begin reaching their TANF time limit as early as August 2001. Please refer to ACL No. 99-90 for a description of the various time limit provisions and requirements and ACL No. 00-66 for program implementation instructions for CalWORKs recipients who reach the TANF time limit.

Cases that exceed the TANF time limit must be tracked separately to ensure appropriate reporting and funding. Consequently, the following aid codes have been established for this purpose effective August 1, 2001.

Aid Code 32 TANF Timed Out: Aid Code 32 [previously "CalWORKs-All Families-State Only (Cash)] has been redefined for reporting families who have reached their 60-month TANF time limit but continue to be eligible for CalWORKs. This code should already be available for use in MEDS.

Aid Code 3W TANF Timed-Out, Mixed Cases: This code has been established for reporting cases in which an adult has reached the TANF 60-month time limit but continues to be eligible for CalWORKs, and the family includes at least one non-federally eligible individual. Since 3W is a new code, it will not be available in MEDS until approximately November 2001. Pertinent recipient/case file information should be used by counties for retroactive identification of the cases at that time.

FUNDING

Funding for aid codes 32 and 3W may vary from year to year. Federal regulations allow TANF funding to be extended for up to 20 percent of the state's caseload based on hardship (as defined by the state). CDSS and the California Welfare Directors' Association have agreed that sufficient Maintenance of Effort (MOE) is available for these cases for this fiscal year. This decision was made in order to avoid additional county administrative burden to track this caseload. In subsequent years, either MOE or TANF hardship allowance may be used, subject to availability.

CLAIM FORM CHANGES

The CA800 (FED), CalWORKs/TANF Cash Assistance, currently used for claiming aid codes 30, 33, 3P, and 3R has been modified to include aid code 32. Costs related to aid code 32 should be reported as amounts payable with State and county funds only on lines 7, 13, 16, and 19, as appropriate. Funding will be 100% MOE with a sharing ratio of 95% State and 5% County. A sample revised form is provided as Attachment I.

The CA800L, CalWORKs Legal Immigrants – State Only, currently used for aid codes 3L, 3G, and 3M, has been modified to include aid code 3W. As indicated previously, aid code 3W is intended for those families that have reached the 60-month TANF time limit, which means these cases can no longer be federally funded. Since these families are not eligible for federal funding, the case will be funded with 100% MOE with a sharing ratio of 95% State and 5% county. Aid code 3W cases remain mixed cases because at least one individual is not federally eligible due to alien status. However, regardless of the alien status of the individuals, the entire family in aid code 3W is no longer federally eligible because the adult head-of-household has met his/her TANF time limit. The entire case is counted as a state only case. A sample revised form is provided as Attachment II.

Instructions for the CA800M, Legal Immigrants (Mixed Cases) have been clarified to reflect funding for aid code 3U (Two-Parent Families) mixed cases as State Only. The change is being made to avoid confusion in posting time limit data for these cases in the Welfare Case Data Tracking Implementation Project (WDTIP). These costs are transferred by the CDSS Financial Services Bureau to state funding under the separate state two-parent program.

A 3U case is a mixed case which includes at least one federally eligible individual and one non-federally eligible individual who meets the federal requirements of a legal

immigrant and entered the United States on or after August 22, 1996. Because the case is mixed, there are two sharing ratios: 97.5% State and 2.5% County for the federally eligible individual; 95% State and 5% County for the non-federally eligible individual. A sample revised form is included as Attachment III.

As indicated in ACL 99-54, a two-parent family is defined as an Assistance Unit (AU) that includes two, aided non-disabled, natural or adoptive parents of the same aided or SSI/SSP minor child (living in the home), unless both parents are aided minors and neither is the head-of-household. All cases that meet this specific two-parent AU definition, including the specialty aid codes 3M for legal immigrants and 3U for legal immigrants-mixed cases, are funded with expenditures in the separate state two-parent family program.

Camera-ready copies of the CA 800 (FED), CA800 L, and CA 800M may be obtained from:

California Department of Social Services
Forms Management Unit
744 P Street, M.S. 7-182
Sacramento, CA 95814
Telephone Number: (916) 657-1907

CURRENT CalWORKs AID CODES

Attachment IV is a matrix of all current CalWORKs aid codes, as revised above, with definitions and cross-references to the appropriate reimbursement claim forms.

COUNTY EXPENSE CLAIM (CEC) CHANGES

Related CEC changes will be provided in a separate CFL.

DATA REPORTING

Data reporting requirements and instructions will be provided in a separate ACL.

If you have any questions regarding time limits, please contact Charissa Miguelino, CalWORKs Eligibility Bureau, at (916) 657-3665. Questions related to fiscal claiming should be direct to your Fiscal Policy Bureau county analyst at (916) 657-3440.

***Original Document Signed by
MARY JANE ARCHER on 9/27/01***

MARY JANE ARCHER, Chief
Fiscal Systems and Accounting Branch

c: CWDA

**SUMMARY REPORT OF ASSISTANCE
EXPENDITURES FOR CALIFORNIA
WORK OPPORTUNITY AND RESPONSIBILITY
TO KIDS (CalWORKs) - FEDERAL-ALL FAMILIES/ZERO
PARENT FAMILIES/TANF TIMED-OUT FAMILIES**

(Instructions on Reverse Side of Form)

For State Use: ☐ CDSS ☐ County Welfare ☐ County Auditor

COUNTY	DATE (MONTH/YEAR)
CLAIM CONTACT PERSON	TELEPHONE

☐ All Families ☐ Zero Parent Families ☐ TANF Timed-Out

AID PAYMENTS (AID CODES: 3P, 3R, 30, 32, 33)

SOURCE DOCUMENT

(A)

CURRENT MONTH

1. Main Payroll
2. Current Month Supplemental
3. Current Month Cancellation
4. Prior Month Supplemental Payroll
5. Current Month Adjustment
6. **Subtotal**
7. **Amount Payable with State and County Funds Only**
8. **Federal/State Share [(6A - 7A) x 97.5%]**

PRIOR MONTH NEGATIVES

9. Prior Month Cancellation
10. Recoveries of Aid
11. Prior Month Negative Adjustments
12. **Subtotal**
13. **Amount Payable with State and County Funds Only**
14. **Federal/State Share [(12A - 13A) x 97.5%]**

PRIOR MONTH POSITIVES

15. Prior Month Positive Adjustments
16. **Amount Payable with State and County Funds Only**
17. **Federal/Share [(15A - 16A) x 97.5%]**

STATE ONLY FUNDS

18. Total Number of Federal Assistance Units
19. **Total amount Payable by State Funds Only
(18A x \$1.00)**

20. GRAND TOTALS

A. Total Aid Paid (6A + 12A + 15A)	B. Payable State/County Only (7A + 13A + 16A)	B1. State Share [(20B x .95) + 19B] - (19B x .95)	B2. County Share (20B x .05) - (19B x .05)	C. Fed/State Share (8B + 14B + 17B)	D. Total County Share (20A - 20B - 20C + 20B2) MOE Countable

Certification and Signatures

I hereby certify under penalty of perjury that I am the official responsible for the administration of the California Work Opportunity And Responsibility To Kids (CalWORKs) in and for aforesaid county; that I have not violated any of the provisions of Sections 1090 to 1096, inclusive, of the Government Code; that the aid payments, aid repayments and adjustments reflected herein have been made in accordance with all provisions of the Welfare and Institutions Code and the rules and regulations of the Department of Social Services.

I hereby certify, under penalty of perjury, that I am the officer in aforesaid county responsible for the examination and settlement of accounts; that I have not violated any of the provisions of Sections 1090 to 1096, inclusive, of the Government Code; that the amounts claimed herein are in accordance with authorizations for the California Work Opportunity And Responsibility To Kids (CalWORKs) made by the county; that said amounts correctly reflect Federal, State and County Shares in the aid payments claimed and that warrants therefore have been issued, according to law and the rules and regulations of the Department of Social Services.

SIGNATURE OF COUNTY WELFARE DIRECTOR

DATE

SIGNATURE OF COUNTY OR AUDITOR CONTROLLER

DATE

**INSTRUCTIONS FOR USE OF THE FORM CA 800 (FEDERAL) ALL
FAMILIES/ZERO PARENT FAMILIES/TANF TIMED-OUT FAMILIES**

GENERAL INFORMATION

1. Enter county name, and month and year of claim in space provided.
2. Enter name and telephone number of county staff person to be contacted if there are any questions regarding the claim.
3. Check the appropriate All Families, Zero Parent Families, or TANF Timed-Out Families box.
4. All amounts on this form may be rounded to the nearest dollar.

CURRENT MONTH

5. Line 1A through Line 5A: Enter the amounts shown on the integrated payroll summary. For non-integrated payrolls, enter the grand totals shown for each payroll. Only current month adjustments should be entered on Line 5A.
6. Line 6A: Enter the subtotal from Lines 1A through 5A.
7. Line 7A: Enter the total amount of payments which are payable with state and county funds only (includes TANF Timed-Out Families, Aid Code 32).
8. Line 8B: Determine and enter the federal/state share of current month payments - $[(\text{Line 6A minus Line 7A}) \times 97.5\% \text{ Sharing Ratio}]$.

PRIOR MONTH NEGATIVES

9. Line 9A: Enter the amounts shown on the integrated payroll summary. For non-integrated payrolls, enter the grand totals shown for each contra-roll.
10. Line 10A: Enter the total of all cash recovered in this month for aid paid in a prior month. This includes cash abatements or repayments of overpayments received during this report month.
11. Line 11A: Enter the totals of all prior month negative adjustments which decrease money amounts that were claimed in a prior month Summary Report.
12. Line 12A: Enter the subtotal from Lines 9A through 11A.
13. Line 13A: Enter the total of all cash recovered, state and county only funds, in this month for aid paid in a prior month. This includes cash abatements or repayments of overpayments received during this report month that include only state and county funds (includes TANF Timed-Out Families, Aid Code 32).
14. Line 14B: Determine and enter the federal/state share of the negative adjustments - $[(\text{Line 12A minus 13A}) \times 97.5\% \text{ Sharing Ratio}]$.

PRIOR MONTH POSITIVES

15. Line 15A: Enter the amounts shown on the separate listing for prior month positive adjustments which were or should have been claimed on a prior month Summary Report.
16. Line 16A: Enter the total of all prior month adjustments that are payable with state and county funds only (includes TANF Timed-Out Families, Aid Code 32).
17. Line 17B: Determine and enter the federal/state share of positive adjustments $[(\text{Line 15A minus 16A}) \times 97.5\% \text{ Sharing Ratio}]$.

STATE ONLY FUNDS

18. Line 18A: Determine and enter the number of assistance units (AUs) represented in your total federal Persons Count (children and adults).
19. Line 19B: Determine and enter the amount payable by state funds only [the state share of the \$2.00 grant increase effective June 1, 1973 for federal AUs (Welfare & Institutions Code 11006.1)] - Multiply \$1.00 times 18A.

COMPUTE GRAND TOTALS FOR FEDERAL, STATE AND COUNTY SHARES AND COUNTABLE TANF MOE

20. Line 20A: Enter the total aid payments -- Add Lines 6A, 12A, and 15A.
21. Line 20B: Enter the total state and county only fund payments -- Add 7A, 13A, and 16A.
22. Line 20B1: Enter the total state share -- $20B \text{ multiplied by } .95 + 19B - 19B \times .95$
23. Line 20B2: Enter the total county share -- $20B \text{ multiplied by } .05 - 19B \times .05$.
24. Line 20C: Enter the total federal/state share--add lines 8B + 14B + 17B.
25. Line 20D: Enter the total county share - Lines 20A - 20B - 20C + 20B2.

**SUMMARY REPORT OF ASSISTANCE EXPENDITURES
FOR CALIFORNIA WORK OPPORTUNITY AND
RESPONSIBILITY TO KIDS (CalWORKs)
LEGAL IMMIGRANTS - STATE ONLY**

(Instructions on Reverse Side of Form)

☐ All Families ☐ Two-Parent Families ☐ Two-Parent TANF Timed-Out Families ☐ Zero Parent FamiliesFor State Use: ☐ CDSS ☐ County Welfare ☐ County Auditor

COUNTY	DATE (MONTH/YEAR)
CLAIM CONTACT PERSON	TELEPHONE

AID PAYMENTS (AID CODES: 3G, 3L, 3M, 3W)**SOURCE DOCUMENT****(A)****CURRENT MONTH**

1. Main Payroll
2. Current Month Supplemental
3. Current Month Cancellation
4. Prior Month Supplemental Payroll
5. Current Month Adjustment
6. Subtotal

PRIOR MONTH NEGATIVES

7. Prior Month Cancellation
8. Recoveries of Aid
9. Prior Month Negative Adjustment
10. Subtotal

PRIOR MONTH POSITIVES

11. Prior Month Positive Adjustments
12. Subtotal

STATE ONLY FUNDS

13. Total Number of Assistance units
14. Total Amount Payable with State Funds Only (13A x \$2.00)

15. GRAND TOTALS

A. Total Aid Payments (6B + 10B + 12B)	B. State Share 14B + (15A x .95) - (14B x .95)	C. County Share (15A x .05) - (14B x .05)	D. Countable TANF MOE (15B + 15C)

Certification and Signatures

I hereby certify under penalty of perjury that I am the official responsible for the administration of California Work Opportunity And Responsibility To Kids (CalWORKs) in and for aforesaid county; that I have not violated any of the provisions of Sections 1090 to 1096, inclusive, of the Government Code; that the aid payments, aid repayments and adjustments reflected herein have been made in accordance with all provisions of the Welfare and Institutions Code and the rules and regulations of the Department of Social Services.

I hereby certify, under penalty of perjury, that I am the officer in aforesaid county responsible for the examination and settlement of accounts; that I have not violated any of the provisions of Sections 1090 to 1096, inclusive, of the Government Code; that the amounts claimed herein are in accordance with authorizations for California Work Opportunity And Responsibility To Kids (CalWORKs) made by the county; that said amounts correctly reflect Federal, State and County Shares in the aid payments claimed and that warrants therefore have been issued, according to law and the rules and regulations of the Department of Social Services.

SIGNATURE OF COUNTY WELFARE DIRECTOR

DATE

SIGNATURE OF COUNTY OR AUDITOR CONTROLLER

DATE

**INSTRUCTIONS FOR USE OF THE FORM CA 800L LEGAL IMMIGRANTS
(STATE ONLY)**

GENERAL INFORMATION

1. Enter county name, and month and year of claim in space provided.
2. Enter name and telephone number of county staff person to be contacted if there are any questions regarding the claim.
3. Check the appropriate All Families, Two-Parent Families, Two-Parent TANF Timed-Out Families, or Zero Parent Families box.
4. All amounts on this form may be rounded to the nearest dollar.

CURRENT MONTH

5. Line 1A through Line 5A: Complete with the amounts shown on the integrated payroll summary (for non-integrated payrolls, enter the grand totals shown for each payroll). Only current month adjustments should be entered on Line 5A.
6. Line 6B: Enter the subtotal from Lines 1A through 5A.

PRIOR MONTH NEGATIVES

7. Line 7A: Complete with the amounts shown on the integrated payroll summary. (For non-integrated payrolls, enter the grand totals shown for each contra-roll.)
8. Line 8A: Enter the total of all cash recovered in this month for aid paid in a prior month. This includes cash abatements or repayments of overpayments received during this report month.
9. Line 9A: Enter the totals of all prior month negative adjustments which decrease money amounts that were claimed in a prior month Summary Report.
10. Line 10B: Enter the subtotal from Lines 7A through 9A.

PRIOR MONTH POSITIVES

11. Line 11A: Enter the amounts shown on the separate listing for prior month positive adjustments which were or should have been claimed on a prior month Summary Report.
12. Line 12B: Enter the subtotal of the prior months positive adjustments.

STATE ONLY FUNDS

13. Line 13A: Determine and enter the total state assistance units (AUs) represented in your in your persons counts (children and adults).
14. Line 14B: Determine and enter the amount payable by state funds only [the state share of the \$2.00 grant increase effective June 1, 1973 for state only AUs (*Welfare & Institutions Code 11006.1*)] -- Multiply \$2.00 times 13A.

COMPUTE GRAND TOTALS FOR FEDERAL, STATE AND COUNTY SHARES AND COUNTABLE TANF MOE

15. Line 15A: Enter the total aid payments -- Add 6B, 10B and 12B.
16. Line 15B: Enter the state share -- Multiply 15A by .95 and add 14B minus (14B multiplied by .95).
17. Line 15C: Enter the county share -- Multiply 15A by .05 minus (14B multiplied by .05).
18. Line 15D: Enter the countable TANF MOE (state and county shares) -- Add 15B and 15C.

**SUMMARY REPORT OF ASSISTANCE EXPENDITURES
FOR CALIFORNIA WORK OPPORTUNITY AND
RESPONSIBILITIES TO KIDS (CalWORKs)
- LEGAL IMMIGRANTS (MIXED CASES)**

(Instructions on Reverse Side of Form)

(AID CODES: 3E, 3H, 3U)

☐ All Families

☐ Two-Parent Families *

☐ Zero Parent Families

For State Use: ☐ CDSS ☐ County Welfare ☐ County Auditor

COUNTY	DATE (MONTH/YEAR)
CLAIM CONTACT PERSON	TELEPHONE

(A) Federal Person Counts		(B) State Person Counts		(C) TOTAL AID	SOURCE DOCUMENT
Adults	Children	Adults	Children		
					CURRENT MONTH
					1. Main Payroll
					2. Current Month Supplemental
					3. Current Month Cancellation
					4. Prior Month Supplemental Payroll
					5. Current Month Adjustment
					6. Subtotal
					7. Amount Payable with State and County Funds
				(D)	8. Federal/State Share [(6C-7C) x 97.5%]
()	()	()	()	()	PRIOR MONTH NEGATIVES
()	()	()	()	()	9. Prior Month Cancellation
()	()	()	()	()	10. Recoveries of Aid
()	()	()	()	()	11. Prior Month Negative Adjustments
()	()	()	()	()	12. Subtotal
		()	()	()	13. Amount Payable with State and County Funds
				(D)	14. Federal/State Share [(12C-13C) x 97.5%]
					PRIOR MONTH POSITIVES
					15. Prior Month Positive Adjustments
				(D)	16. Amount Payable with State and County Funds
					17. Federal/State share [(15C-16C) x 97.5%]
					STATE ONLY FUNDS
				(D)	18. Total Number of Federal Persons
					19. Total Number of Assistance Units Represented in 18A.
					20. Total Amount Payable by State Funds (\$1.00) (19B x \$1.00)
21. GRAND TOTALS					
A. Total Aid Payments (6C + 12C + 15C)	B. State and County Only Funds (7C + 13C + 16C)	B1. State Share (21B x .95 + 20D) - (20D x .95)	B2. County Share (21B x .05) - (20D x .05)	C. Federal/State Share (8D + 14D + 17D)	D. TOTAL County Share (21A - 21B - 21C + 21B2) MOE COUNTABLE

Certification and Signatures

I hereby certify under penalty of perjury that I am the official responsible for the administration of California Work Opportunity And Responsibility To Kids (CalWORKs) in and for aforesaid county; that I have not violated any of the provisions of Sections 1090 to 1096, inclusive, of the Government Code; that the aid payments, aid repayments and adjustments reflected herein have been made in accordance with all provisions of the Welfare and Institutions Code and the rules and regulations of the Department of Social Services.

I hereby certify, under penalty of perjury, that I am the officer in aforesaid county responsible for the examination and settlement of accounts; that I have not violated any of the provisions of Sections 1090 to 1096, inclusive, of the Government Code; that the amounts claimed herein are in accordance with authorizations for California Work Opportunity And Responsibility To Kids (CalWORKs) made by the county; that said amounts correctly reflect Federal, State and County Shares in the aid payments claimed and that warrants therefore have been issued, according to law and the rules and regulations of the Department of Social Services.

SIGNATURE OF COUNTY WELFARE DIRECTOR

DATE

SIGNATURE OF COUNTY OR AUDITOR CONTROLLER

DATE

INSTRUCTIONS FOR USE OF THE FORM CA 800M LEGAL IMMIGRANTS (MIXED CASES)

GENERAL INFORMATION

1. Enter county name, and month and year of claim in space provided.
2. Enter name and telephone number of county staff person to be contacted if there are any questions regarding the claim.
3. Check the appropriate All Families, Two-Parent Families* or Zero Parent Families box.
4. All amounts on this form may be rounded to the nearest dollar and should reflect the cumulative federal and state funding from the prorated mixed cases.

CURRENT MONTH

5. Line 1 through Line 5: Enter the amounts shown on the integrated payroll report. For non-integrated payrolls, enter the grand totals shown for each payroll. Only current month adjustments should be entered on Line 5A.
6. Line 6: Enter the subtotal from Lines 1 through 5.
7. Line 7: Enter the total number of state-only persons and the cumulative prorated amounts from mixed case that are payable with state and county funds only.
8. Line 8D: Determine and enter the federal/state share of current month payments - Line 6C minus Line 7C times 97.5%.

PRIOR MONTH NEGATIVES

9. Line 9: Enter the amounts shown on the integrated payroll summary. For non-integrated payrolls, enter the grand totals shown for each contra-roll. The federal and state amounts entered should be the cumulative of all prorated payments for mixed case.
10. Line 10: Enter the total of all cash recovered in this month for aid paid in a prior month. This includes cash abatements or repayments of overpayments received during this report month.
11. Line 11: Enter the totals of all prior month negative adjustments which decrease money amounts that were claimed in a prior month Summary Report.
12. Line 12: Enter the subtotal from Lines 9 through 11.
13. Line 13: Enter the total state person counts and all cash recovered in this month for aid paid in a prior month. This includes cash abatements or repayments of overpayments received during this report month that include only state and county funds.
14. Line 14D: Determine and enter the federal/state share of the negative adjustments - [(Line 12C minus 13C) times 97.5%].

PRIOR MONTH POSITIVES

15. Line 15: Enter the amounts shown on the separate listing for prior month positive adjustments which were or should have been claimed on a prior month Summary Report. The federal and state amounts entered should be the cumulative of the prorated payments for mixed case.
16. Line 16: Enter the state person counts and the total of all prior month adjustments that are payable with state and county funds only.
17. Line 17D: Determine and enter the federal/state share of positive adjustments - [(Line 15C minus 16C) times 97.5%].

STATE ONLY FUNDS

18. Line 18A: Total the number of Federal Persons (Adults and Children).
19. Line 19B: Determine and enter the number of assistance units (AUs) represented in your total federal persons counties (Adults and Children).
20. Line 20D: Determine and enter the amount payable by state funds only [the state share of the \$2.00 grant increase effective June 1, 1973 for federal AUs (Welfare & Institutions Code 11006.1)] - Multiply \$1.00 times 19B.

COMPUTE GRAND TOTALS FOR FEDERAL, STATE, AND COUNTY SHARES AND COUNTABLE TANF MOE

21. Line 21A: Enter the total aid payments -- Add Lines 6C, 12C, and 15C.
22. Line 21B: Enter the total state and county only fund payments -- Add 7C, 13C, and 16C.
23. Line 21B1: Enter the total state share -- [21B multiplied by .95] plus 20D. - (20D x .95)
24. Line 21B2: Enter the total county share -- [21B multiplied by .05] - (20D x .05)
25. Line 21C: Enter the total federal/state share for this monthly Summary Report -- Add Lines 8D, 14D, and 17D.
26. Line 21D: Enter the total County share line 21A - 21B - 21C, plus 21B2.

* Aid Code 3U (Two-Parent Families) cases are counted as State Only cases which are funded under the separate State Two-Parent Family Program.

AID CODE/ASSISTANCE CLAIM FORMS FOR CalWORKs
EFFECTIVE AUGUST 1, 2001

Type of Claim	Aid Code Description	Form No.
CalWORKs/ TANF Cash Assistance Federal TANF State/County	<p>(30) CalWORKs-All families: Families who do not meet the two-parent definition and are federally eligible. Includes sanctioned Cal-Learn families.</p> <p>(33) CalWORKs: Aid to zero-parent cases.</p> <p>(3P) CalWORKs-This population is the same as aid code 30 except they are exempt from the TANF grant reductions.</p> <p>(3R) CalWORKs-Provides aid to zero parent cases that are exempt from the TANF grant reductions.</p> <p>(32) TANF Timed-Out (FFP for Medi-Cal eligible): Recipients who have reached their 60-month TANF time limit but are eligible for CalWORKs.</p>	CA 800 (Fed) (08/01)
CalWORKs Cash Assistance	(35) CalWORKs- (Non-TANF cash grant/FFP for Medi-Cal eligible): Two-parent families that include two non-disabled natural or adoptive parents of the same minor child, who are living in the home unless both are aided minors and neither is head-of-household.	CA 800S (State) (10/99)
New Entrant Legal Immigrant (State Only)	<p>(3L) CalWORKs-Legal Immigrants (Non-TANF cash grant/FFP for Medi-Cal eligible): Eligible CalWORKs families who meet the definition of all families and; include individuals who meet the federal requirements of a qualified alien but who entered the U.S. on or after August 22, 1996 or met the eligibility requirement of an alien described in CDSS EAS 42-431 (7/1/89).</p> <p>(3G) CalWORKs-Zero parent: Cases which meet the definition of 3L.</p> <p>(3M) CalWORKs-Legal Immigrants (Non-TANF cash grant/FFP for Medi-Cal eligible): Eligible CalWORKs families who (1) meet the definition of two-parent families; AND (2) include individuals who meet the federal requirements of a qualified alien but entered the U.S. on or after August 22, 1996 or met the eligibility requirement of an alien described in CDSS EAS 42-431 (7/1/89).</p> <p><i>(3W) TANF Timed-Out, Mixed Cases: (FFP for Medi-Cal eligible): TANF timed-out adult, with CalWORKs eligibility, and family includes at least one non-federally eligible individual.</i></p>	CA 800L (State) (08/01)
New Entrant Legal Immigrant (Mixed Cases)	<p>(3E) CalWORKs-Legal Immigrants: Aided individuals in a household with at least one federally eligible individual and at least one that is non-federally eligible. The non-federally eligible individual meets the federal requirements of a qualified alien and entered the U.S. on or after August 22, 1996 or meets the eligibility requirement of an alien described in CDSS EAS 42-431 (7/1/89). State law requires that the individual(s) be aided. Provides aid to eligible CalWORKs families meeting the definition of all families.</p> <p>(3H) CalWORKs-Zero parent cases that meet the definition of 3E.</p> <p>(3U) CalWORKs Legal Immigrants: Aided individuals in a household with at least one federally-eligible individual and at least one that is non-federally eligible. The non-federally eligible individual meets the federal requirements of a qualified alien and entered the U.S. on or after August 22, 1996 or meets the eligibility requirement of an alien described in CDSS EAS 42-431 (7/1/89). State law requires that the individual(s) be aided. Provides aid to eligible CalWORKs families meeting the definition of two-parent families.</p>	CA 800M (Mixed) (08/01)
CalWORKs/ TANF Diversion	<p>(3J) CalWORKs-Diversion: Diversion payment/services to apparently eligible CalWORKs applicants meeting the definition of all families.</p> <p>(3K) CalWORKs Diversion: Diversion payment/services to apparently eligible CalWORKs applicants meeting the definition of two-parent families.</p>	CA 800D (Fed) (10/99)
CalWORKs Diversion (State Only)	<p>(3X) CalWORKs-Diversion: Diversion payment/services to apparently eligible CalWORKs applicants meeting the definition of all families but who do not meet all federal requirements. State law requires that the individual(s) be aided. Includes legal immigrants.</p> <p>(3Y) CalWORKs Diversion: Diversion payment/services to apparently eligible CalWORKs applicants meeting the definition of two-parent families but who do not meet all federal requirements. State law requires that the individual(s) be aided. Includes legal immigrants.</p>	CA 800D (State) (10/99)

Note: Bold Italicized items represent revised aid code definitions.

09/28/01